COMMITTEE FOR PUBLIC COUNSEL SERVICES

PRIVATE COUNSEL DIVISION 44 BROMFIELD STREET BOSTON, MA 02108

NAME:			
BBO ADDRESS:			
TELEPHONE NUMBER:			
FAX NUMBER:			
E-MAIL ADDRESS:			
BBO NUMBER:			
HOME ADDRESS:			
CURRENT CERTIFICATION	ONS: (Check all that the following J	t apply and fill out appropriate panel i pages.)	nformation on
District Court Panel Children and Family Youthful Offender Pa Sexually Dangerous Murder Trial Panel Appeals-Children and Sex Offender Registr	anel Persons Panel d Family Law Panel	Superior Court Panel Juvenile Delinquency Panel Mental Health Panel Rogers-Nursing Homes Panel Appeals-Post Conviction Pa Mary Moes-Parental Consen Panel	el nel

CERTIFICATION INFORMATION

DISTRICT COURT TRIAL PANEL
Counties in which you accept assignments for this panel*:
Bar Advocate Programs in which you are a member:
Expiration Date(s) of Bar Advocate Program Contract(s):
Month and year in which you first became a member of the District Court Panel:
SUPERIOR COURT TRIAL PANEL
Counties in which you accept assignments for this panel:
Bar Advocate Programs in which you are a member:
Month and year in which you first became a member of the Superior Court Panel:
Month and year of your recertification to the Superior Court Panel (state None if you have never been recertified for the Superior Court Panel):
CHILDREN AND FAMILY LAW TRIAL PANEL (including CHINS)
Counties in which you accept assignments for this panel:
Other counties in which you wish to accept assignments for this panel:
Month and year in which you first became a member of the Children and Family Law Panel:
*CPCS regulations limit attorneys to two counties for accepting District Court cases.

JUVENILE DELINQUENCY PANEL	
Counties in which you accept assignments for this panel:	
Bar Advocate Programs in which you are a member:	
Month and year in which you first became a member of the Juvenile Delinquency Pan	el:
YOUTHFUL OFFENDER PANEL	
Counties in which you accept assignments for this panel:	
Bar Advocate Programs in which you are a member:	
Month and year in which you first became a member of the Youthful Offender Panel:	
MENTAL HEALTH PANEL	
Counties in which you accept assignments for this panel:	
Month and year in which you first became a member of the Mental Health Panel:	
SEXUALLY DANGEROUS PERSONS PANEL	
Month and year in which you first became a member of the Sexually Dangerous Person	ons Panel:
ROGERS-NURSING HOMES PANEL	
Counties in which you accept assignments for this panel:	
Month and year in which you first became a member of the Rogers-Nursing Homes P	anel:

MURDER TRIAL PANEL
Counties in which you accept assignments for this panel
Month and year in which you first became a member of the Murder Panel:
Month and year of your recertification to the Murder Panel (state None if you have never been recertifier the Murder Panel):
APPEALS-POST CONVICTION PANEL
Month and year in which you first became a member of the Post Conviction Panel:
APPEALS-CHILDREN AND FAMILY LAW PANEL
Month and year in which you first became a member of the Children and Family Law Appellate Panel
APPEALS-MENTAL HEALTH
Month and year in which you first became a member of the Mental Health Appellate Panel:
MARY MOES-PARENTAL CONSENT FOR MINORS PANEL
Counties in which you accept assignments for this panel:
Month and year in which you first became a member of the Mary Moes Panel:
Month and year of any recertification for the Mary Moes Panel (state none if you have never been recertified for the Mary Moes Panel):